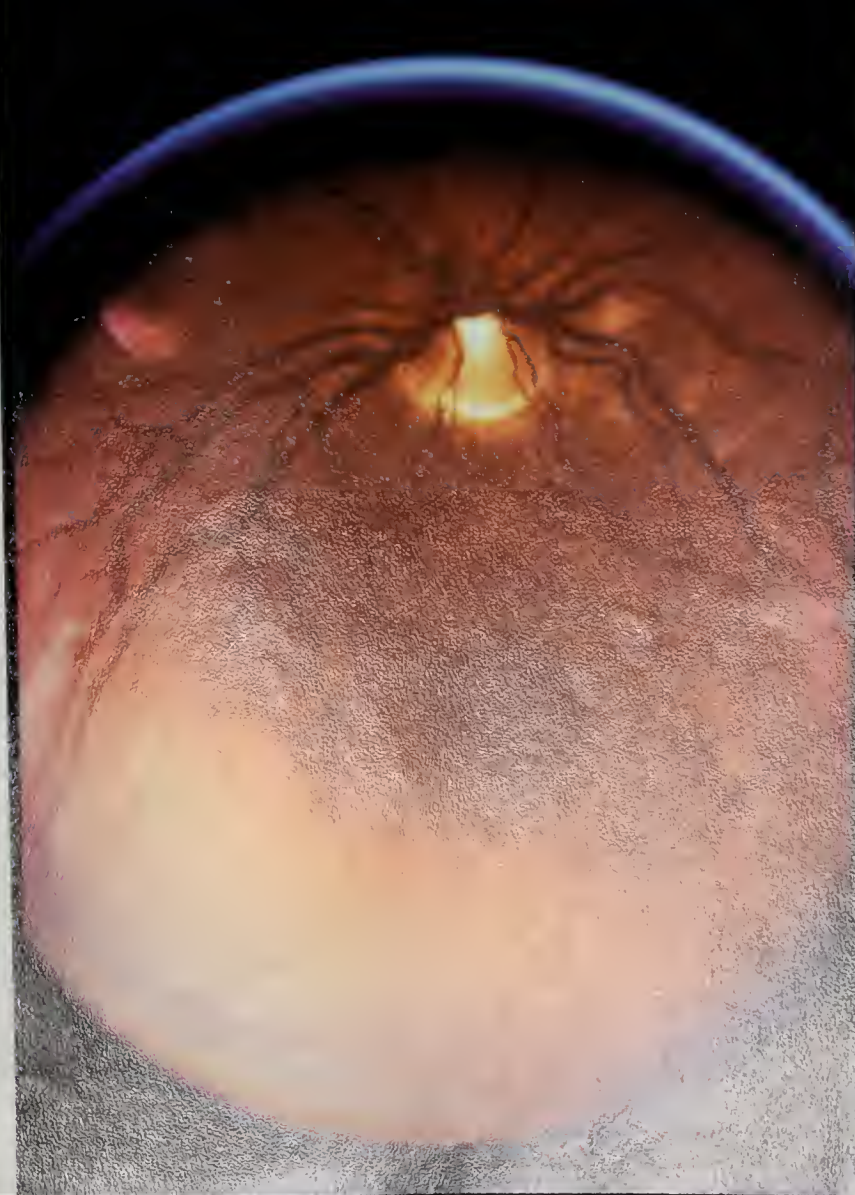


greater
DETROIT
SOCIETY
for the
BLIND

1972
11th
Annual
Report



SERVICE
DESIGNS
..... To
Change
Attitudes
..... To
Broaden
Knowledge

This is photography which is useful in the diagnosis of many eye conditions. Early detection of such trouble permits early treatment and recovery.

Photography of the eye, M.D.
Dr. J. G. ...

Blindness Prevention - - -

Building a Design

Newly designing and newly defining the Society's role in prevention of blindness was a major undertaking in 1972. Within severe limitations of personnel and budget, it was not easy, but staff and board cooperated to recruit broad community collaboration. The Michigan Department of Public Health was a strong ally. We were also aided by leaders from ophthalmology and aptometry, nursing, health education, government, and industrial safety. Our basic objective in the new design is to alert the public and strike harder at the principal causes of blindness, with efforts to prevent or limit the following:

- Inadequate provision for early detection of blinding conditions
- Inadequate preventative care
- Inadequate procurement and distribution of contact lenses
- Inadequate care and safety in industry

Establishing these objectives was the formidable task of The Society's third Blindness Prevention Conference last November. This meeting brought together 266 concerned persons from a wide variety of professional disciplines, and these participants listened to a panel of fifteen distinguished specialists in eye care from such backgrounds as industry, The Michigan Diabetes Association, ophthalmology, aptometry, and the Michigan Department of Public Health.

Exchange of ideas during the conference helped lay the foundation for a new design in prevention of blindness. Heading the list of priorities is the inclusion of tonometry and retinal photography in all routine physical examinations. Attention also needs to be given to expanding early eye care of diabetics, encouraging the growth of pre-school vision screening, and collaborating with industrial safety personnel on safety education programs.

Deepest gratitude is expressed to the fifteen panelists for their landmark contributions. All presentations were transcribed, and a comprehensive summary is available on request from The Society's headquarters.

Roland J. Blank
Chairman of the Board

Absence of the Random

Despite the best intentions, unplanned service is wasteful. It can do actual harm.

THE NEED:

SOCIETY'S: Far maximum community of individual citizens.

THE BLIND PERSON'S: To develop, retain, or regain his most satisfying, characteristic life style.

METHOD: Establish parity access to community services and resources to preserve blind citizens' normal roles, privileges, and responsibilities; to develop those necessary services which are special to problems of blindness.

PURPOSE: To effect necessary changes in the interacting behavior of blind and sighted persons.

If any part of the design can be called "most important," it is: CLARITY ABOUT MOTIVE AND BELIEF.

What planners and administrators believe about blindness and blind persons determines the nature and scope of service. What professional staff workers believe determines how service is offered. What blind persons and their families believe determines how service is used.

In this design report, staff workers, themselves, determine some basic service designs for which they are responsible. You are invited to see what you can tell about what we believe.

Greater Detroit's Society for the Blind emphasizes that both efficiency and effectiveness require careful planning of service. Service designs must be created within the agency, but at the same time, they must be compatible, integral parts of the community's total plan for health, education, and welfare.

Design is important because good service to clients and society is not a random something born of exceptional goodwill and social conscience. Goodwill and concern are indispensable, but, alone, they are not sufficient. Other necessary components of quality service include:

Fully qualified, professional personnel — specialists in the agency's basic areas of responsibility

Precise definitions of needs to be met

Written plans, or methods, kept up-to-date

Agency unity of purpose

Specific purpose, working relationships with colleague agencies, systematically sought and activated
Broad representation of a foundation of support at view

These foregoing lines are mere guidelines. Need filling in for the part of society, i.e., Greater Detroit Society for the Blind:

The Society's underlying point of view is that blind children and adults require special services, but that many who have needs which are best met by the total community.

McAllister Upshaw
Executive Director



Social Service

The mobilization of community resources

Information about and referral to appropriate community resources is an important part of any agency's social service function. The information and referral functions of the Greater Detroit Society for the Blind assume larger significance in view of the prevalent attitude that only an agency for the blind can help blind people. Not so. Blind people need assistance with health, housing, recreation, and other services which only the total community can provide. Through consultation, collaboration on joint enterprises, and demonstration of special techniques, the social service staff shows many organizations and individuals how existing resources should and can be used to meet the needs of blind people.

In addition to working with the community, the social service staff must also be attuned to the special needs and attitudes of blind people and their families. The combination of making it possible for blind people to use appropriate community resources and providing experts to deal with the special needs of blind people forms the core of the social service function of the Society for the Blind.

Mildred Stern
Director of Social Service

Rehabilitation Teaching

Something old, something new

How would you feel if you had to ask someone, or dial the telephone, or listen to the radio to find out the time?

How can a blind person identify paper money, write a letter, sweep a floor, or play cards?

Routine and simple activities can become difficult, complex, and frustrating for a newly blind person. The rehabilitation teacher at the Society for the Blind visits a blind person at home and teaches him how to adapt his old skills as well as teaching him some skills which are unique to blind people such as Braille and the proper use of writing aids. The teacher tailors the duration and content of the teaching to the needs, goals, and interests of each individual. By relearning old skills and acquiring new ones, a blind person can again function normally and become independent with confidence in his own abilities and the future.

Alice Raftary

Teaching Begins with a Reason to Learn

In her first contact with our agency, Mrs. B, a 56-year-old woman, showed no interest in rehabilitation teaching and was almost hostile about Braille. After two years of coaxing by her children, she consented to a visit from the teacher. When introduced to the use of a letter writing guide, she sighed, "if only I'd known this when my son was in Vietnam." After this breakthrough, Mrs. B confided to the teacher her other "little" problems. For instance, she was often embarrassed when she gave a penny instead of a dime to her granddaughter. This and other embarrassments were easily eliminated as she learned adaptations of skills. Finally, she even learned a little Braille — just enough to play Bingo.

Mrs. B's eyes
filled with tears
when she learned
to write her own
letters.



Services to Children

Protection or Overprotection?

How can the parents and teachers of a blind child learn the proper balance between protection and overprotection?

Do they underestimate or overestimate a child's potential?

Has the child or his parents or the community become frustrated in trying to "handle" the visual handicap?

The child development specialist and social worker frequently help the parents and community members resolve these questions. This vital team simultaneously involves the child, the parents, pediatricians, special education teachers, public health nurses, social service personnel, and a variety of community resources in an effort to help blind children obtain equal access to services and opportunities available to sighted children.

Laura Bates
Lila Cabbil



It's great to be a winner.

Opening Doors for Donald

Donald, a 10-year-old totally blind boy, came to our attention through his mother's request for summer programs for blind children. We found the child behind in social skills, but more importantly he was unable to perform the simplest self-care tasks such as buckling a belt, making his bed, or getting around his house alone. The child development specialist initiated a demonstration program with two goals in mind — first, to teach Donald the needed skills, and second to show his mother that he had the ability to learn these skills. Through the social worker arranged for Donald to attend a camp for sighted children. As a result of our initial consultation, the parents expanded their perspective and discovered another resource for blind children. Donald tried out his new skills and was successful and his parents were reassured that he was able to function independently. We listed Donald as a candidate for the community resource program. With parental help, Donald's son, mother and sister participated in the local cub scout troop. Donald's newfound self-confidence enabled him to participate in many social situations.

Photo by Donna Harris

Most of the Blind are Aged - -

Few of the Aged are Blind



How priceless to restore treasured skills.

Chronic medical problems, economic upsurge, loneliness, isolation, and sub-standard housing are all too common in the lives of the aged. Add to these facts of life deterioration, and the older person may be overwhelmed where previously he could manage. We evaluate the total situation, help set priorities, and assist the blind person in using community resources. This involves continuous dialogue with essential resources such as the Visiting Nurse Association, Department of Parks and Recreation, UAW Senior Centers, State Department of Social Services, Bureau of Blind Services, nursing homes, and ophthalmologists. By providing consultation, collaboration, and demonstration, we give maximum service to the elderly blind and encourage broader use of community resources.

Shirley Dinner

Rebuilding Self-Esteem

Mr. M, a 66-year-old man, was referred by a friend. Mr. and Mrs. M were afraid to go out of their apartment building and wanted to move. The social worker found a senior citizen residence for Mr. and Mrs. M, and Mr. M became the first blind occupant in the building. Mr. M also complained about feeling tired, losing weight, and not being mentally alert. The social worker referred him to a physician, and his chronic medical problems were brought under control. It was apparent from the first visit that Mr. M was having trouble dealing with his blindness. Although he had rehabilitation teaching and learned quickly, he became very dependent on his wife and asked her to do things he knew how to do himself. As Mr. M said, "my father calls me a vegetable." By resolving the housing and medical problems, and working with Mr. M, he began to move toward independence and sought out activities. He felt comfortable and relaxed in the new apartment and learned to travel by himself. We contacted a government volunteer project called Service Care of Retired Executives (SCORE) and helped Mr. M join the program. He now advises small businesses, and his self-esteem is being restored.

Services to the Deaf-Blind

Imagine the problem for the deaf couple, who talk with each other in sign language, when one of them becomes blind. Consider the dilemma of the doctor and his deaf mute patient who has become blind. They can no longer write notes to each other.

Communication barriers often loom as the most immediate and overwhelming problem for the deaf-blind. Making communication possible involves adapting whatever skills a person has to tactile methods and learning new

tactile communication techniques. In addition, the rehabilitation teacher is frequently a liaison between the deaf-blind individual and the community and offers consultation to other agencies, institutions, or individuals.



Detroit News photo by Theodore J. G...

Welcome to w...

Mr. J, a deaf man, was admitted to the hospital in critical condition. When he regained consciousness, it was discovered that he had lost his vision. During the prolonged hospitalization, our rehabilitation teacher was called upon to interpret between patient and medical specialists and to teach an effective mode of communication for routine use by the nursing staff. When Mr. J recovered sufficiently to be moved to a nursing home, the teacher was

consulted again. This time she presented Mr. J to his new environment and advised the nursing staff regarding the special problems of the deaf-blind patient, including communication, expectations for self-care, and diversional activities. As Mr. J's health continues to improve and a landlady who is willing to learn a special method of communication can be found, perhaps he will be able to move again. This time into a boarding home.

Alice Raftory

Preventing Blindness

Realizing the importance of early detection for the successful treatment of eye diseases, The Society participated in Detroit's well-attended Health-orama by providing glaucoma screening. Of the 3,850 persons tested during 1972, 244 with elevated pressure were referred to ophthalmologists. According to our followup, 23 of these 244 turned out to have glaucoma and another 38 have been advised to return to their physicians for continued observation. Several others had refractive changes or slight cataract formation while 7 people underwent surgery for glaucoma or cataracts. On the follow-up questionnaire, a woman told us:

"My doctor said he admired your request for a glaucoma test. He said I had a slight pressure in my eyes and have to go again in six month periods just to keep checking. Glasses are giving my eyes a great deal of comfort. Thank you for your interest."

One man tersely expressed what happened to him when he told us:

"Blue Cross paid for surgery. Thank you for your concern."

As dramatic as the results were for several individuals, consider the potential for the reduction in eye diseases if this initial glaucoma test were routinely given to the more than one and a half million tri-county residents over thirty five!

David Banks

The intensified effort aimed at eradicating the principal causes of blindness will take a major step forward with completion of the Knight Eye Institute in Detroit's Medical Center.



Vocational Education and Employment

Nancy, blind at age 40 and recently divorced, felt bitter and inadequate after an unsuccessful two-year job hunt.

Allen, an 19-year-old congenitally blind boy, took an egg shell from his Home Economics class home to his brother. Allen had just discovered that eggs came in shells.

Nineteen-year-old Mory was certain that the blind could work only with the blind.

Joon, blind since birth, had been trained as a tax information service worker. She was threatened with the loss of her job because she could not keep up with the volume of work.

We design our vocational services to help remedy and eventually eliminate these situations. Opportunities for employment of the blind must be expanded and the employment of the blind must be improved. In order to achieve these two goals, the vocational specialists of the Society consult with employers, educators, and counselors. We demonstrate methods of working with the blind to home economics and vocational arts teachers. Through lectures, demonstrations, industrial tours, work readiness seminars, and a special vocational library, the Society to the Blind involves the community in the maximum, competitive employment for blind individuals.

Benjamin Pumo
Jeffery Brayman

Nancy had given up the idea of finding suitable employment, but she reluctantly enrolled in our Work Readiness for Professionals seminars. She received training in completing applications, writing resumes, and where to look for employment. Most significant in Nancy's case was the opportunity to participate in role-playing interviews and to learn the importance of objective approaches to the effects of her blindness in a competitive work situation. This experience gave her new insights and encouragement to the extent that within two months she found a job which she had thought was beyond her reach.

Although a senior in high school, Allen had only experienced fried eggs on a plate put before him by his mother. During our Home Economics Demonstration Program, Allen learned about aspects of daily living which are too often taken for granted.

Mory thought that as a social worker she could work only with other blind people. At one of our Vocational Tours, where blind students visit and talk with various employers, she learned that this was by no means necessary. She eventually decided to begin training as a child care specialist in a day center for normal children.

Joon's supervisor of the Bureau of Internal Revenue reported that although Joon handled herself well as a telephone service worker it would be necessary to terminate employment because her recording procedure was too slow. A survey of Joon's office practices, as a function of our Employment Consultant Service, revealed that the use of a telephone receiver headset and a Braille Writer, rather than a slate and stylus, would speed up production. This process was adopted and at last report Joon was an exceptionally able and competitive worker.



The Society collaborates with the League for the Handicapped where blind people learn marketable shop skills.

FINANCIAL REPORT

The agency's financial report, separately published, was audited by independent certified public accountants for the year ended December 31, 1972. It is on file at the agency office and at United Community Services.

McAllister Upshaw
Executive Director

Betty Sarvis
Editor



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